INTRODUCTION

Paliperidone Palmitate is a atypical antipsychotic also available in injectable prolonged-release formulation, administered monthly by intramuscular injection. It has been approved by the FDA for maintenance treatment of schizophrenia in adult patients stabilized with paliperidone or risperidone. The observation that the Paliperidone may act also as 5-HT2A receptors led to the hypothesis of its efficacy in obsessive-compulsive symptoms therapy and oral paliperidone has been already found useful in treating obsessive compulsive symptoms which are resistant to conventional treatments. [1] Here we report two cases in which Paliperidone Palmitate was used for the control of obsessive symptoms resistant to other therapeutic schemes are presented here.

CASE 1

D.G. is a 18 years old girl; she was admitted at our hospital because of the presence of dubitative obsessions centered on the identity and the sexual orientation of herself and her family members as well; misidentification phenomena, partially criticized, were also present. She confused her mother with her own person and with her father. These symptoms had caused a progressive social isolation, and a considerable deterioration of the global functioning.

Since the fourth day of treatment with paliperidone, we observed an improvement of the disorders of thought content and a gradual reduction of obsessive symptoms, up to their total remission after administration of the dose on the eighth day, as evaluated by the Yale–Brown Obsessive Compulsive Scale (YBOCS), (from a score of 25 at admission to a score of 5 after paliperidone treatment).

DISCUSSION

Concerning the effectiveness of Paliperidone in the management of obsessive symptoms, up to this day, it was observed the efficacy of oral monotherapy in schizophrenic patients. [1] It has been also shown that paliperidone augmentation is well tolerated and has potential efficacy in the short-term treatment of some patients with SSRI-resistant OCD [2] In both our cases, it has been practiced an off-label use of Paliperidone: these patients had not previously reported a diagnosis of schizophrenia or schizoaffective disorder, and in the first case the therapeutic results were obtained with the use of long-acting monotherapy. Despite our observations, treating OCS (obsessive compulsive symptoms) by Paliperidone administration during schizophrenia treatment has been documented[3]. Thus we can consider these cases as a good starting point for future research on the use of long acting therapy with Paliperidone Palmitate in the presence of obsessive symptoms and to better define its antagonist receptor profile.

References: